

IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF OKLAHOMA

JEFFREY SNYDER, D.O.,
an individual,

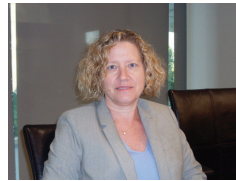
Plaintiff,

vs.

NO. CIV-16-384-F

BOARD OF REGENTS FOR THE
OKLAHOMA AGRICULTURAL &
MECHANICAL COLLEGES, ex rel.,
OKLAHOMA STATE UNIVERSITY
CENTER FOR HEALTH
SCIENCES, et al.,

Defendants.



DEPOSITION OF LORA DIANNE COTTON, D.O.

TAKEN ON BEHALF OF THE PLAINTIFF

IN OKLAHOMA CITY, OKLAHOMA

ON AUGUST 5, 2019

REPORTED BY: JANA C. HAZELBAKER, CSR

EXHIBIT
2

1 A No. I keep -- formal documentation, I put
2 in the resident file.

3 Q What about informal documentation?

4 A No.

5 Q When you're filling out a quarterly
6 evaluation, for example, and you reference some prior
7 concerns that maybe a supervisory physician had
8 raised about a resident, how do you remember what
9 they said?

10 A Yeah. Well, the -- that evaluation, they
11 happen frequently enough. At this time, it was
12 quarterly, now it's twice a year. But, you know,
13 remembering within a three-month period is -- is
14 pretty easy to do.

15 Q I guess --

16 A Especially something as unusual as a phone
17 call about a resident performance.

18 Q So how common were those, I guess?

19 A Uncommon.

20 Q Okay. How many residents, during the last
21 five years, do you think you've received a phone call
22 like that?

23 A Within what time period?

24 Q The last five.

25 A Five years? Maybe -- outside of Jeffrey

1 or procedure that exists that you've seen or are
2 aware of that relates to what your role is, in terms
3 of providing information to the Oklahoma State Board
4 of Osteopathic Examiners?

5 A No.

6 Q Have you ever received any training
7 relating to what your role is or should be relating
8 to that process?

9 A No.

10 Q Have you ever provided training to any
11 other physician relating to that process?

12 A No.

13 Q Or any other administrative staff?

14 A No.

15 Q What is your understanding of your role in
16 that process?

17 A I receive a form, and on it I document if
18 the resident completed their training at my residency
19 program. And there are some follow-up questions that
20 I answer, based on the resident's experience while
21 they were there.

22 Q Do you believe that it's your obligation to
23 provide that form to the Oklahoma State Board for
24 every resident in your program?

25 A It is my responsibility to fill that out

1 and send it.

2 Q You did not do that for Jeffrey Snyder?

3 A I did not.

4 Q And my understanding is that that's the
5 only resident for whom you have refused to submit a
6 licensure application to the Oklahoma State Board.

7 A Correct.

8 Q Why?

9 A At the time that that verification was
10 given to me to fill out, if I had filled it out
11 honestly where the situation was, he would not have
12 received his license.

13 I was delaying filling that out until he
14 had successfully completed his first year of
15 residency so that I could fill it out in such a way
16 that he would receive his license.

17 Q Okay. Did you consult with anyone about
18 that decision prior to making it?

19 A No.

20 Q Did you talk to Dr. Thurman about it?

21 A Not to my -- not that I recall.

22 Q Talk to Dr. Alexopoulos about it?

23 A Not that I recall.

24 Q Talk to Sunny Benjamin about it?

25 A No.

1 Q Or Debby Nottingham?

2 A No.

3 Q Or anyone within the OSU or OSUMC human
4 resources or administrative personnel?

5 A No.

6 Q When did you make that decision?

7 A I don't recall a moment. I do recall when
8 the form was -- I mean, I don't even recall when I --
9 how I got the form. I don't know if Dr. Snyder
10 handed it to me or it came in interoffice mail. I
11 don't recall how it came to me, so I don't recall a
12 moment.

13 Q You're not the person who decides whether
14 doctors get licensed in the state of Oklahoma?

15 A I'm not -- I -- no. No, I'm not the Board,
16 huh-uh.

17 Q You don't have that power?

18 A No.

19 Q That power is with an independent third
20 party outside of you or OSU?

21 A Correct.

22 Q And the form that you fill out for
23 residents allows you to specifically mention
24 probation, for example?

25 A Right.

1 bit and talk about the program, in terms of
2 evaluation of residents generally.

3 It is a teaching hospital?

4 A Yes.

5 Q That -- and you're training residents the
6 proper way to conduct assessments of patients?

7 A Yes.

8 Q The differential diagnosis?

9 A Yes.

10 Q The workup and goals of patient care?

11 A Yes.

12 Q And trying to provide them a practical
13 education and planning a path to reach the goals of
14 care?

15 A Correct.

16 Q And this is, typically speaking, the first
17 time that a doctor has provided patient care
18 following medical school?

19 A Correct.

20 Q As part of that evaluation, residents are
21 going to make mistakes?

22 A Yes.

23 Q And it would be -- is it fair to say that
24 it's common for a resident to make mistakes relating
25 to patient care?

1 A Yes.

2 Q The times that residents do make mistakes,
3 you're careful to make sure that you note that to the
4 resident?

5 A Yes, we discuss it.

6 Q You do so in writing?

7 A Not always.

8 Q How do you make that decision about when to
9 put in writing a resident's mistake relating to
10 patient care?

11 A Based on the frequency of an error being
12 made, the severity of an error being made. Yeah.

13 Q Any other criteria?

14 A I think that would summarize it.

15 Q And do you consult any written sources
16 about when to put a mistake by a resident in writing
17 as opposed to not?

18 A No.

19 Q Are there any that exist, as far as you
20 know?

21 A Not that I know of.

22 Q The evaluation of residents, within the
23 Family Medicine Program, you do use the
24 New Innovations report for that evaluation?

25 A For some. That is one of the methods that

1 patient care mistakes that had an adverse impact on
2 the patient to anyone?

3 A We do have a risk -- there is risk. What
4 do they call it? Quality -- quality department?
5 There's a risk officer that you talk to, yeah.

6 Q At the time of Jeffrey Snyder's residency,
7 do you remember who that was?

8 A Martha Dixon.

9 Q And did you ever discuss Jeffrey Snyder
10 with Martha Dixon?

11 A I don't believe so, no.

12 Q What is the purpose of having a quality
13 department and risk officer?

14 A To deal with adverse outcomes. Or you
15 notice, like -- that a process is setting us up for
16 making an error, like, unable to catch an error, you
17 would want to point that out.

18 Q If a resident caused an adverse reaction in
19 a patient due to a mistake that they made, would it
20 be your obligation to report that to the quality
21 department?

22 A If there was patient harm, I definitely
23 would.

24 Q Jeffrey Snyder never caused patient harm?

25 A I don't know if some of his decisions did

1 or did not.

2 Q Did you ever investigate whether they did?

3 A Not with the quality department. I mean, I
4 saw a case out, you know, as far as that goes.

5 Q Did you ever ask a patient whether any
6 treating decision Jeffrey Snyder made caused them an
7 adverse reaction or actual harm?

8 A No.

9 Q You didn't identify Jeffrey Snyder as
10 having caused any actual harm to a patient?

11 A I identified some risk behaviors that I
12 thought could set up increased risk.

13 Q Yeah, could lead to actual harm --

14 A Absolutely.

15 Q -- but none that actually occurred in the
16 present?

17 A There were -- there was the case of the
18 patient who received Benzodiazepine and was
19 excessively sedated the next day.

20 I was concerned that use of that
21 Benzodiazepine could have contributed to that. So
22 that was a teaching point.

23 Q Jeffrey Snyder isn't the only resident who
24 has ever made a dosing or medication error relating
25 to Benzodiazepine.

1 A I don't recall.

2 Q Do you think it's a serious issue if a
3 resident fails to take the work seriously?

4 A Yes.

5 Q Do you think it's a serious issue if a
6 resident forgets to add all the details to a note?

7 A Yes.

8 MR. CHILDERS: Same request as it relates
9 to this resident in the protective order.

10 MR. STOCKTON: Sure.

11 Q (By Mr. Stockton) Do residents often have
12 trouble with their clinical judgment?

13 MR. CHILDERS: Object to the form.

14 THE WITNESS: That is a function of
15 residency training is to increase one's abilities in
16 clinical judgment.

17 Q (By Mr. Stockton) So almost every resident
18 who's passed through that program has had trouble
19 with clinical judgment and learning the process?

20 A I wouldn't say "trouble." No, I would not
21 say every resident has trouble.

22 Q Every resident is on a learning curve,
23 certainly?

24 A Yes.

25 Q Some residents take longer than others to

1 get to where they need to be?

2 A Yes. They start at different points and
3 they do move at different rates.

4 Q If you told a resident to take some
5 immediate action, what would you expect?

6 A If I told them to take some immediate
7 action? I would expect them to do it.

8 Q Okay. Generally speaking, the word
9 "immediate" means something quickly, right?

10 A I think it means to follow. I don't think
11 it necessarily means speed in all regards.

12 Q When we're talking about patient care and
13 whether something should be done quickly or
14 immediately, time is usually of the essence. It's a
15 legal phrase, but time's important when you're
16 treating patients?

17 A Yeah, there are times when time is very
18 important.

19 Q And if you told a patient -- I'm sorry, a
20 resident to do something and they waited a month to
21 do it, would you think that was immediate in relation
22 to patient care?

23 MR. WHATLEY: Object to the form of the
24 question.

25 THE WITNESS: I guess I would need to know

1 bit broader than that.

2 A Oh, okay.

3 Q So at any point in time during Dr. Snyder's
4 residency, did you believe that he might have a mood
5 or neurologic impairment?

6 A Yes.

7 Q Did you believe that he might have
8 cognitive and/or emotional barriers?

9 A Yes.

10 Q And when -- the mood or neurologic
11 impairment, what did you believe he had? What did
12 that reference?

13 A Well, I couldn't be -- I mean, I try to not
14 diagnose residents, even when they're having
15 problems, but I am a physician so I'm always
16 observing and I'm always trying to find a way for
17 residents to progress.

18 So -- so while not -- you know, I'm unable
19 to examine him or ask him questions, but,
20 observationally, some of the behaviors that I saw
21 that might be interfering, taking excessive notes,
22 not -- you know, kind of multi-tasking when someone's
23 talking to him, like taking a lot of notes instead of
24 making eye contact or asking follow-up questions.

25 I thought that was an odd behavior,

1 especially when -- after given some feedback that he
2 might want to look at the patient more as he
3 interviews. That had me concerned about -- about if
4 there was some obsessive-compulsive component with
5 unable -- unable to do it in a different way. I
6 didn't know if that was there or not, but I saw a
7 behavior that was difficult -- he seemed to be
8 resistant to change.

9 Q Other than an obsessive-compulsive
10 component, did you believe that any other type of
11 mood or neurologic impairment may have existed with
12 Jeffrey Snyder?

13 A The -- the not following through on verbal
14 instructions or not being able to gather an accurate
15 medical history from a patient made me concerned.
16 It's, like, did he have an auditory-processing
17 concern where -- you know, difficulty understanding
18 the -- a verbal communication?

19 I did have some concern about that, just
20 based on what I observed from him interviewing a
21 patient and then the history -- what he would report
22 wasn't the same as what the next physician would
23 gather and report.

24 And then be -- being given specific
25 instructions and then not doing what was said, or

1 doing the opposite of what was said, and then denying
2 that the first instructions that were given to him
3 were what they were. So that made me concerned about
4 auditory processing.

5 Q What type of auditory processing conditions
6 exist? Like, what could it be?

7 A I am not an expert in auditory processing,
8 so I can't give you any subtypes about that.

9 Q Okay.

10 A I just noticed that he wasn't -- that
11 verbal communication seemed to be an area that was
12 very difficult.

13 Q And you believe that these issues had a
14 tendency to limit his ability to do his job?

15 A Yes.

16 Q And you made decisions based on your
17 belief?

18 A I made decisions based on the fact that his
19 patient care was poor, not on the belief of what was
20 making it poor.

21 Q Other than auditory processing issues and,
22 potentially, OCD, did you believe that Jeffrey Snyder
23 could have had any other mood or neurologic
24 impairment?

25 A I -- those were two specific ones that I

1 perceived disability?

2 A No.

3 Q Ever?

4 A No.

5 Q The first resident you mentioned -- and I'm
6 bad with the names today, but --

7 A Aliyeah Ayadpoor.

8 Q Aliyeah. Is she a current resident?

9 A No.

10 Q She graduated?

11 A She graduated.

12 MR. CHILDERS: Defendants again -- I don't
13 know if I need to keep doing this --

14 MR. STOCKTON: You don't, absolutely.

15 MR. CHILDERS: -- but I just want to make
16 sure that we've got a -- it's extremely important,
17 obviously, for the -- you know, the confidentiality
18 of these residents, so I'll probably -- indulge me --
19 put it on the record. But we designate, as it
20 relates to Haskins and Ayadpoor, regarding putting
21 that under the terms of the protective order.

22 MR. STOCKTON: Sure.

23 Q (By Mr. Stockton) When was the first time
24 that you came to believe that Dr. Snyder had some
25 sort of mood or neurologic impairment?

1 MR. WHATLEY: Object to the form.

2 MR. CHILDERS: I'll join in the objection.

3 THE WITNESS: I think in January, when I
4 worked with him pretty closely on the family medicine
5 teaching service, as I supervised him was when I
6 started kind of putting together, layering the
7 different comments and different things that had been
8 reported to me up to that point. And then I really
9 saw and observed for myself how that was playing out.
10 I think that that cumulative information caused me to
11 start to be concerned that there might be a barrier
12 there.

13 Q (By Mr. Stockton) Would that have been --
14 in January 2014, would that have been the first time
15 that you had that extensive of an interaction with
16 Jeffrey Snyder on a monthly rotation?

17 A Yes. I had supervised him in clinic on a
18 few days, but not -- but that one week when I -- when
19 you supervise teaching service for a week, it's very
20 intensive interaction, case after case after case,
21 so --

22 Q And up and to that point, Dr. Snyder had
23 been evaluated by other supervisory physicians,
24 correct?

25 A Yes.

1 Q Do you recall any type of oral
2 communication with Dr. Lewis about Jeffrey Snyder's
3 performance?

4 A I don't recall.

5 Q During January, you received an e-mail from
6 Dr. McEachern relating to Jeffrey Snyder?

7 A Yes.

8 (Whereupon, Plaintiff's Exhibit Number 7 was
9 marked for identification purposes and made a part of
10 the record.)

11 Q (By Mr. Stockton) I'm going to hand that to
12 you. Let me know when you've had a chance to look at
13 it.

14 MR. CHILDERS: This is OSUMC 278, for the
15 group.

16 THE WITNESS: Okay.

17 Q (By Mr. Stockton) Looking at this document,
18 it is an e-mail dated January 23rd, 2014, that was
19 sent from Dr. McEachern to you with the subject line
20 "Resident Performance."

21 A Yes.

22 Q And it references Jeffrey Snyder?

23 A Yes.

24 Q At the time you received this e-mail from
25 Dr. McEachern, had you discussed with her any

1 concerns that she had relating to Jeffrey Snyder's
2 performance before this e-mail?

3 A Yes.

4 Q Okay. How often?

5 A I don't recall the specific day or
6 anything, but she -- she's associate program director
7 of the program at this point, and so she and I worked
8 very closely on all aspects of the residency at this
9 time.

10 She had talked to me about these similar
11 concerns, and I specifically asked her if she would
12 please e-mail me with the concerns.

13 Q Okay. And was that within a few days of
14 the e-mail -- you receiving the e-mail, as far as you
15 know?

16 A I really don't remember. It was in close
17 proximity, but I don't remember how close.

18 Q And when she talked to you about the
19 concerns that she had, prior to sending the e-mail,
20 where were you when that conversation took place?

21 A I don't recall.

22 Q Did you make any notes?

23 A No.

24 Q The e-mail that she sent you references
25 some concerns that she apparently had about

1 Dr. Snyder's communication style.

2 A Yes.

3 Q It mentions that she thinks that he
4 "struggled with patient interaction, rarely made eye
5 contact, was robotic, stiff, insensitive and
6 uninterested."

7 Do you see that?

8 A Yes.

9 Q Are those conditions or behaviors that
10 would correlate to any mood or neurologic impairment
11 that you thought Dr. Snyder may have?

12 A Yeah. They're very general behaviors that
13 you would notice, but they could be indicative of a
14 wide variety of things.

15 Q Okay. Such as what?

16 A Depression, autism, OCD. It could just be
17 none of those things, it could just be a
18 communication style.

19 Q Looking down towards the bottom,
20 Dr. McEachern asks you how we can help Jeffrey
21 Snyder, and I'm paraphrasing.

22 A I'm sorry, which paragraph are you
23 paraphrasing?

24 Q If you go three paragraphs up from the
25 bottom, it starts, "The other concern is he showed

1 lack of initiative."

2 A Okay.

3 Q Looking through -- and I'll give you time
4 to just read that paragraph.

5 A Okay.

6 Q Dr. McEachern mentions, "How can we help
7 him?"

8 A Uh-huh.

9 Q And then the last sentence also says, "If
10 you have any suggestions for how else I could help
11 him, please let me know."

12 Did you respond to this e-mail?

13 A Not in writing.

14 Q Okay. Did you verbally?

15 A I don't recall.

16 Q What practice, procedure or change did you
17 institute in order to help Jeffrey Snyder deal with
18 these perceived communication deficits?

19 A I did not make a plan.

20 Q The final sentence of that paragraph we
21 were looking at says, "Could he have a learning
22 disability, or psychiatric condition, or behavioral
23 issue that inhibits connecting with other people and
24 attention to detail?"

25 Do you see that?

1 A I do see that question.

2 Q Is that question something she raised to
3 you in your verbal conversation prior to her sending
4 this e-mail?

5 A Yes.

6 Q And what did you say when she said that?

7 A I said -- I told her I had observed
8 similarly and that it is possible.

9 Q And so you believed, as of January 23rd,
10 2014, that it was possible that Dr. Snyder had a
11 learning disability?

12 A That is when I started to be concerned that
13 there may be some aspects of that that are
14 prohibiting his progression.

15 Q On that date, you believed he may have a
16 psychiatric condition or other behavioral issue?

17 A Uh-huh.

18 Q Yes?

19 A Yes.

20 Q And in response to that belief, you didn't
21 do anything?

22 A Not at that time.

23 Q When is the first time that you took any
24 action in relation to your belief about his mental
25 health condition?

1 did you use a different term?

2 A I don't recall.

3 Q Do you recall what he said in response?

4 A He recalled that he had never had any
5 concerns like that in the past.

6 Q Other than discussing Dr. Snyder's -- your
7 belief about Dr. Snyder's potential learning
8 disability or psychiatric condition with
9 Dr. McEachern, did you discuss it with anyone else in
10 the January time frame?

11 A Not that I recall.

12 Q Throughout Dr. Snyder's residency, did you
13 discuss whether Dr. Snyder had a learning disability,
14 or psychiatric condition, or behavioral issue with
15 anyone else besides Dr. McEachern?

16 A I'm trying to think. Well, during his
17 probationary period, I did voice my concerns when I
18 was talking to Dr. Alexopoulos and with human
19 resources, during those conversations, but I did have
20 concerns about that.

21 Q The conversation with human resources, is
22 that referring to the conversation you had with Sunny
23 Benjamin that we've already talked about?

24 A And Debby Nottingham, yeah.

25 Q Debby Nottingham, was she present for that

1 same meeting in which --

2 A I'm not talking -- I'm talking about, in
3 general, that I know that I did talk about that there
4 may be barriers here. I don't recall a specific --
5 what specific meeting or meetings that that was.
6 It's just been too long.

7 Q Okay. So of the individuals who had any
8 involvement in Dr. Snyder's residency, you spoke
9 about his potential learning disability, psychiatric
10 condition or behavioral issue with Dr. Alexopoulos,
11 Sunny Benjamin and Debby Nottingham?

12 A And Andrea McEachern.

13 Q And Andrea McEachern.
14 Was there anyone else?

15 A Not that I recall.

16 Q When did you speak with Dr. Alexopoulos
17 about that?

18 A That was just when I was thinking about the
19 probationary -- like, how to deal -- after my
20 observations in March, where I didn't see any
21 progression from his performance in January to March,
22 and was trying to formulate an appropriate response
23 to the situation, it was at that point when --
24 late -- mid, late March, early April.

25 Q That you went and spoke with

1 Q Supervision and evaluation?

2 A Yes.

3 Q Did you feel like it was important to go
4 talk to her about Dr. Snyder?

5 A Yes. She represents the GME committee.

6 Q And serves as the DME for the hospital?

7 A Correct.

8 Q Dr. Snyder was in a medical education
9 residency, correct?

10 A Correct.

11 Q At OSUMC where she served, right?

12 A Correct.

13 Q And as far as you recall, she was
14 supportive of your belief that he needed to have
15 neurological and psychological testing?

16 A She was supportive of a plan that would
17 help him find any barriers that he could work on so
18 that he could progress.

19 Q When you discussed your concerns about his
20 barriers, did you tell her that you thought that he
21 should be referred to neurological or psychological
22 testing?

23 A Yes.

24 Q And she was supportive of that?

25 A Yes.

1 conditioned Dr. Snyder's return to the residency
2 program based on him withdrawing his complaint of
3 gender or disability discrimination?

4 MR. CHILDERS: Object to the form.

5 THE WITNESS: No.

6 Q (By Mr. Stockton) Do you think that would
7 have been prohibited?

8 A Absolutely.

9 Q And you knew that at the time that you
10 wrote this letter?

11 A Yeah, I'm aware that that's a civil right,
12 and so you can't have someone contract out of a civil
13 right.

14 Q Option 2, the resignation from OSU Family
15 Medicine Residency. You offered to allow Dr. Snyder
16 to choose this if he, again, offered a fit for duty
17 from a psychologist, correct?

18 A Correct.

19 Q And had he done so and resigned
20 immediately, then you would have provided prospective
21 program directors and employers this statement that's
22 listed under Option 2, Paragraph B?

23 A Correct.

24 Q Do you believe that that statement was true
25 on November 13th, 2014?

1 A I would have -- I would have provided that
2 statement, yes.

3 Q My question was a little bit different than
4 that.

5 A Okay.

6 Q Do you believe -- did you believe, as of
7 November 13th, 2014, that Dr. Snyder successfully
8 completed 12 months of OGME 1 rotation training from
9 June 1st, 2013, through June 30th, 2014?

10 MR. WHATLEY: Object to the form.

11 MR. CHILDERS: I'll join the objection.

12 THE WITNESS: Yeah, I would have attested
13 to that, yes.

14 Q (By Mr. Stockton) Okay. Did you think it
15 was true when you wrote it?

16 A I had my doubts about it.

17 Q Okay. Why were you willing to tell people
18 that Dr. Snyder had successfully completed 12 months
19 of OGME 1 rotation training?

20 A Because if he had gone to another
21 residency, that residency would have an opportunity
22 to assess Dr. Snyder's competency and decide how many
23 of those rotations they would accept of his first
24 year of residency. And that would be something for
25 them to determine.

1 So there was going to be another program
2 director somewhere who would accept him into the
3 program. He would be in the program for some period
4 of time. They would make an assessment at some time
5 whether he was -- they were going to say he was a --
6 to advance to PGY 2 status, whether he could be
7 licensed.

8 So someone else was going to have further
9 assessment, so that is why I felt safe about
10 providing this.

11 But, at that point, successfully completed
12 12 months was something -- I'd already said he'd only
13 successfully completed 11. So for my program, if
14 he's going to stay with me, it's 11, and he's going
15 to need to add an additional rotation month.

16 For another program, they'll assess the
17 situation and decide how many additional months he
18 needs, as far as to move from one to two.

19 Q But you were making a representation, were
20 you not, about Dr. Snyder's rotation completion at
21 your program when you wrote that sentence?

22 A Yes.

23 Q And you intended that, had Dr. Snyder
24 elected this option, that other people in third
25 parties would have been told that Dr. Snyder had

1 successfully completed those rotations?

2 A Yes.

3 Q And did you know at the time that you wrote
4 that sentence that he would still not be able to be
5 licensed by the State of Oklahoma, absent a new
6 evaluation from a new program?

7 A If he had chosen to resign, I would have
8 filled out his verification form.

9 Q Did you --

10 A And I would have put "probation," and
11 then -- then it's -- because -- you know, at that
12 point there's no way, no time for me to create a
13 better story for him, a better experience for him.
14 That would be the resolution of my training
15 responsibility with him.

16 Q Had Dr. Snyder resigned from your program,
17 you would have submitted the postgraduate
18 verification form to the Oklahoma State Board of
19 Licensure?

20 A Yes.

21 Q Did you tell him that?

22 A No.

23 Q Did you tell anyone else that?

24 A No.

25 Q Did you think it was appropriate for you to

1 condition your submission of that form on
2 Dr. Snyder's resignation from the program?

3 A I think that that question misrepresents my
4 intention of what I said, so I'm not going to say yes
5 to that.

6 Q Did you -- strike that.
7 The third option for Dr. Snyder was
8 dismissal from the OSU Family Medicine Residency
9 Program.

10 A Uh-huh.

11 Q And you said that this would occur if the
12 program didn't receive a fit-for-duty statement by
13 the date stated, and that it would be subject to
14 appeal, et cetera.

15 A Uh-huh.

16 Q Looking down at the similar statement that
17 you would make in the event of a dismissal as opposed
18 to a resignation, you omitted the word
19 "successfully," correct?

20 A Correct.

21 Q And why?

22 A I do not recall the reason why.

23 Q Do you recall whether it was a intentional
24 choice?

25 A I do not recall.

1 Q Was it Vi Le?

2 A That sounds right.

3 Q Steve Stephens, Vi Le. What other
4 attorneys do you recall being present for this
5 meeting?

6 A I don't remember if Doug Price was there or
7 not. That's all I can recall.

8 Q Do you recall saying anything during this
9 meeting?

10 A I did speak during the meeting.

11 Q Do you recall what you said?

12 A I don't recall exactly what I said.

13 Q Do you recall generally what you said?

14 A Generally, was that this position -- a
15 resident not training in this position keeps me from
16 being able to recruit into that position. I'm only
17 approved for a certain number.

18 I also felt like I wasn't hearing any
19 intention from Dr. Snyder to return, had not heard
20 anything through his attorney about his intention to
21 return, and it had been a number of months and I felt
22 like that we were at a dead end and that there was no
23 indication that he was going to return. And he was
24 not -- he could have resigned, but he didn't resign,
25 so he was making a non-choice.

1 A Yes.

2 Q Did you believe that claiming that
3 Dr. Snyder had abandoned his position as opposed to
4 you firing him from it, had any consequence
5 procedurally or otherwise?

6 MR. CHILDERS: Object to the form.

7 THE WITNESS: No.

8 Q (By Mr. Stockton) Why didn't you call him
9 up and ask him if he wanted to come back?

10 A Because my attorney had already spoken to
11 his attorney about that, and I don't think direct
12 communication at that point would be appropriate.

13 Q Were you ever told that Dr. Snyder had
14 indicated that he did not want to return to the
15 program?

16 A That specific statement was not related to
17 me. It was related to me that he wanted to be placed
18 in a radiology residency.

19 Q Do you have an understanding that
20 Dr. Snyder is currently suing to return to the
21 program?

22 A That is not -- yeah, I mean, I'm aware that
23 that has been in some of the requests.

24 Q You know that that's something he's asking
25 as part of this lawsuit?